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APPLICATION NO. FILING DATE FIRST NAMED IN				May 2, 2006 (Date)			
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nonprovisional	YES	\$700		\$300	\$1000	04/03/2006	
EXAMINER		ART UNIT	Ci	ASS-SUBCLASS]		
ELDRED, JOHN W 3644 244-063000 1. Change of correspondence address or indication of "Fee Address" (37 2. For printing on the patent front page list							
Change of correspond Address form PTO/SB/12 "Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required.	ence address (or Change of 0 22) attached. ion (or "Fee Address" Indica or more recent) attached. Use	Correspondence (1) tion form (2) tof a Customer 2 regions is	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
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☐ a. Applicant claims SM	IALL ENTITY status. See 3	7 CFR 1.27.	Applicant is no	longer claiming SMAI	L ENTITY status. See 37 CF	R 1.27(g)(2)	
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